

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033184

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2378

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lemay

Length of stay in lb

1 week

c. FULL NAME OF (If NOT in hospital, give location)

Torrence's N. Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

7058 Mardel Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GEORGEMiddle
F.Last
KAUSLER4. DATE
OF DEATHMonth
AugustDay
8Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-7-1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Glassier

10b. KIND OF BUSINESS OR INDUSTRY

Glass Mfg.

11. BIRTHPLACE (City and state or country)

Aurora, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Kausler

13b. MOTHER'S MAIDEN NAME

Lucinda Potter

14. NAME OF HUSBAND OR WIFE

Jessie Mae Kausler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

9912 Gloucester Dr.
Fred Shillinger, St. Louis 37, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

7 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

15 yrs

DUE TO (c)

Essential Arteriosclerosis

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Residuals Cerebro-Vascular Occlusions

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

I-27-62 to AUG-8, 1962

9:15 p.m.

and last saw him alive on 7/22/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John Carver

(Degree or title)

M.D.

22b. ADDRESS

4401 Hampton Ave.
St. Louis, Mo.

22c. DATE SIGNED

8-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-11-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

8-10-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D. ✓

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. F. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.